UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR **PATENT** FEE REFUND

1 Date of Request: 5/17/05	2 Serial/Patent # 10 – 517,873

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
✓ Filing	1	12/13/04	$ 100
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
Petition			$
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$

	7 TOTAL AMOUNT OF REFUND	$ 100

8 TO BE REFUNDED BY:

	Treasury Check

10 REASON:

✓ Overpayment	✓ Credit Deposit A/C #:
Duplicate Payment	9 50 -- 1 6 76
No Fee Due (Explanation):	

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A Johnson TITLE: Paralegal

SIGNATURE: A Johnson PHONE: 308-9940

OFFICE: DO-EO

****

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

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Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$
	7 TOTAL AMOUNT OF REFUND		$ 100

8 TO BE REFUNDED BY:

	Treasury Check
✓	Credit Deposit A/C #:
9	5 0 -- 1 6 7 6

10 REASON:

✓	Overpayment
	Duplicate Payment
	No Fee Due (Explanation): PGNI

PGNI

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A Johnson   TITLE: Paralegal

SIGNATURE: A Johnson   PHONE: 308-9940

OFFICE: DO-EO

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FORM PTO 1577
(01/90)

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Amendment			$
Extension of Time			$
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Petition			$
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$

7 TOTAL AMOUNT OF REFUND	$ 100

8 TO BE REFUNDED BY:

Treasury Check

10 REASON:

✓ Overpayment	✓ Credit Deposit A/C #:
Duplicate Payment	9 5 0 -- 1 6 7 6
No Fee Due (Explanation):	

PG-1

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FORM PTO 1577
(01/90)

INSTRUCTIONS FOR USING REQUEST FOR PATENT FEE REFUND FORMS
[FORM NUMBER PTO-1577]

Fill out the form completely, and print or type all information.

1. **DATE OF REQUEST:** Enter the date you fill out the form.

2. **SERIAL/PATENT #:** Enter the Serial or Patent Number.

3. Enter a check mark or an X in the box preceding the type of fee to be refunded. If the fee you are refunding is not listed, place a check mark or an X in the box preceding "**Other** _____" and print or type the fee type on the following blank line.

4. **PAPER NUMBER:** Enter the **PAPER NUMBER** of the document for which a refund is requested. [**PAPER NUMBER** refers to the sequential number (on the outside of the official file wrapper) assigned to the document. If the document has no number assigned to it, you may leave this box blank.]

5. **DATE FILED:** Enter the Mailroom Date of the document for which a refund is requested.

6. **AMOUNT:** Enter the dollar amount of the refund.

7. **TOTAL AMOUNT OF REFUND:** Add the dollar amounts in the column labeled **AMOUNT** and enter the total in the box.

8. **TO BE REFUNDED BY:** Enter a check mark or an X in the box preceding **TREASURY CHECK** OR **CREDIT DEPOSIT A/C #** to indicate how the refund is to be made. Requests to credit a Deposit Account must be accompanied by formal authorization to credit the account. Formal authorization to credit a deposit account consists of a copy of the signed statement by the owner of the Deposit Account granting the Commissioner permission to credit their account, **stamped with the FEE ACCOUNTABILITY STAMP with the amount of the refund circled.**

9. **DEPOSIT ACCOUNT NUMBER:** If refund is by credit to a Deposit Account, enter the Deposit Account Number.

10. **REASON:** Enter a check mark or an X in the box preceding the reason the refund is being requested. If there is no fee due, enter the reason on the 3 blank lines provided.

11. **REFUND REQUESTED BY:** Only PTO personnel formally authorized to request refunds should enter their **NAME, TITLE, PHONE NUMBER, OFFICE** and **SIGNATURE** on these blanks. Supervisors shall provide the Office of Finance with an advance list of personnel authorized to sign this form.

COPIES: **WHITE:**   *Attach to the official file.*
              YELLOW: *Attach to the official file.*
              PINK: *Retain for originating office.*

Mail or hand-carry the completed form with attachment(s) to:
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